

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/937001

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1							51		/			
2							52		/			
3							53		/			
4							54		/			
5							55		/			
6							56		/			
7							57		/			
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42							92		/			
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46							96		/			
47							97		/			
48							98		/			
49							99		/			
50							100		/			
TOTAL							TOTAL					
TOTAL							TOTAL					
TOTAL							TOTAL					
CLAIMS							CLAIMS					